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UNITED STATES



HUNTER JUMPER ASSOCIATION™

## CLINIC GUIDELINES

### 2009 PRACTICAL HORSEMAN/USHJA CLINICS PROGRAM

**T**he USHJA is committed to advancing and representing the hunter and jumper disciplines by fostering an educated community of equestrians that promotes the welfare of the horse and fairness in competition.

Education is one of the primary goals of the USHJA. Through the USHJA Clinics Programs, many opportunities exist for our outstanding professionals and leaders in the industry to give back their experience and knowledge to all levels of equestrian participants. USHJA encourages hosts to offer a variety of educational clinics- from riding and horsemanship to legal advice for owners, trainers, managers and parents.

If you are interested in hosting a USHJA Affiliated Clinic, please follow these scheduling and hosting guidelines.

**1.** Submit the completed Clinic Application and Insurance Forms to Melanie Fransen, a minimum of (1) one month before your clinic. Once the completed forms are received, your clinic information will be posted on the USHJA Clinics Calendar at [www.ushja.org](http://www.ushja.org).

**2.** Each clinic participant must sign a liability waiver, as provided by USHJA. Copies of all waivers with clinic participant's signatures must be sent to the USHJA office within 10 days following the clinic.\*\*

*\*\*USHJA will not be held responsible for liability or expenses incurred during the clinic.*

#### USHJA INSURANCE FORM

In order to host an affiliated clinic, you are required to fill out the provided Insurance Form. This does not include any fees for you. The purpose of the form is to provide insurance coverage for USHJA. Any time that USHJA is affiliated with an event, we are required to submit the information to our insurance company, Equisure. We strongly recommend that you have sufficient coverage under your own policy to cover the event.

#### CLINICS IN A BOX

The Clinics in a Box is also included in the Clinics Packet, which is available at [www.ushja.org](http://www.ushja.org). The Clinics in a Box is designed to provide an outline of responsibilities when

planning a clinic from the type of clinic that you can offer, a timeline of tasks to be completed during the planning phase, contracts, marketing, on-site needs, contracts with event staff and clinicians and financial needs and responsibilities.

#### FREE PROMOTION

Once the Clinic Application and Insurance Form are received in the USHJA office, your clinic information will be placed on the USHJA Clinics Calendar ([www.ushja.org](http://www.ushja.org)). In addition, your clinic information may be included in ads scheduled for:

- USHJA Clinics Calendar ([www.ushja.org](http://www.ushja.org))
- Inclusion in ads placed in In Stride and Practical Horseman
- Inclusion in the USHJA E-Update, sent bi-weekly to all 35,000+ members

*\*\*Submission deadline and publication dates in relation to clinic dates. \*\* In order for USHJA to provide promotion of your clinic through our various magazines sources, you must schedule the clinic with USHJA a minimum of (3) three months in advance.*

#### GIFTS FOR PARTICIPANTS

USHJA will provide bags filled with promotional items which will arrive approximately (1) one week before your clinic.

#### MEMBERSHIP REQUIREMENTS

USHJA does not require that clinic participants be members of USHJA in order to participate in an affiliated clinic.

If a clinic participant is not a current member of the USHJA, and wishes to join, please follow these procedures when accepting USHJA memberships. Forms will be provided in your host packets or you can download the membership form from the USHJA website.

- 1.** Attendee must fill out the USHJA membership form completely.
- 2.** A separate check must be made payable to USHJA for the membership dues.
- 3.** Return the completed form and corresponding check to USHJA within 10 days following the completion of the clinic.

Once the membership application is processed, the member will receive a card in the mail within 2-4 weeks.

### **FINANCIAL DONATIONS TO THE USHJA EDUCATION FUND**

At the completion of your clinic, if you wish to make a tax deductible donation to the USHJA Educational Fund, to provide assistance to future clinics, please make the check payable to USHJA. With your donation, please send a cover letter designating your wish for the donation to be payable to the Education Fund and send to the attention of Melanie Fransen. USHJA will send an acknowledgement of your donation with the appropriate tax deduction verification forms.

### **MARKETING/USE OF THE USHJA LOGO**

If you wish to create a flyer and use the USHJA logo, you must obtain permission to use the logo from USHJA. Please

complete the USHJA Logo Request Form and submit a sample of your ad or flyer that you wish to use the USHJA logo on. Please fax the information to: Whitney Allen, Director of Marketing at 859.258.9033.

### **SAMPLE FORMS**

USHJA can provide sample registration forms your use at your clinic, if needed. Please visit [www.ushja.org](http://www.ushja.org) to download the sample forms.

### **BENEFITS OF AFFILIATING YOUR CLINIC WITH USHJA**

Clinics program has seen a huge growth in the 4 years that the program has been in place.

**2005**—26 clinics

**2006**—52 clinics

**2007**—101 clinics

**2008**—135 clinics

*"When I first agreed to participate in the Special Projects Committee for the USHJA I was very nervous about organizing clinics, After doing a couple of the "Riding" and "Ask the Judges" clinics I found it to be very easy because of how well these clinics were received. I am now thoroughly enjoying the responses I get and have many requests for more future clinics. The learning experiences have been very positive all the way around, It is no wonder that the clinic calendar has grown to having an amazing 94 scheduled clinics."*

**—Katie Young, USHJA Board of Directors Member**

*The USHJA clinic program has been very beneficial connecting not only participants to clinicians, but also clinicians to host farms on a regional and national scale. The free advertising has had a positive effect on the response I receive for my semi-annual Jeff Cook clinic at Lochmoor Stables. Also, all of our clinic participants gleefully anticipate their USHJA "goodie bags." The program offers a great solution to the problem of connecting host farms with qualified available clinicians, and promoting these clinics to insure sufficient turnout. We at Lochmoor Stables thank you very much.*

**—Mindy Darst, Member of the Special Projects Committee**

*"The USHJA clinics program is making the top horsemen and women in our industry more accessible to riders of all levels. The opportunity to ride with top professionals is always exciting but the USHJA clinics program has gone beyond the traditional clinic format by allowing exhibitors and parents to really gain insight into what our top judges are looking for when they sit in they are sitting in the judge's box and by understanding what top trainers are teaching when they bring some of their students as demonstrators. The clinics program is helping demystify our sport and allowing each participant to gain a clearer concept of what a quality performance is and how to achieve it."*

**—Shelby French, USHJA Board of Directors**

# 2009 USHJA CLINIC APPLICATION



**DATE OF CLINIC:** \_\_\_\_\_

**CLINIC ORGANIZER:**

Name: \_\_\_\_\_ USEF/USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**FACILITY:**

Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will there be a charge for use of this facility? Yes or No

If yes, what is the cost? \_\_\_\_\_

**CLINICIAN:**

Name: \_\_\_\_\_ USEF/USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Will the clinician be charging a fee for his/her services? Yes or No If yes, how much? \_\_\_\_\_

**ADDRESS WHERE YOU WOULD LIKE THE PARTICIPANTS GIFT BAGS SENT:**

Clinic Organizer  Host Facility  Other: (please provide full mailing address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION ABOUT YOUR CLINIC:**

You are not required to fill out this information. Any information provided in the space below will be posted on the Clinics Calendar.

Do you have any additional information that you would like to have published on the website regarding your clinic? (i.e. the height sections that will be offered, fees, will you allow auditors, what time does the clinic start, do you have a website, etc

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNITED STATES HUNTER JUMPER ASSOCIATION  
USHJA—1**

REQUEST FOR CERTIFICATE OF INSURANCE OR  
NOTIFICATION OF EQUESTRIAN EVENT

Please complete for land/facility owners or lessors/sponsor requiring certificates of insurance.

LAND/FACILITY OWNERS NAME: \_\_\_\_\_

OR

LESSOR/SPONSOR: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE OR EVENT: \_\_\_\_\_

TYPE OF EVENT: (CLINIC, SHOW, MEETING) \_\_\_\_\_

ADDRESS WHERE EVENT WILL BE HELD:

STREET: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

LAND/FACILITY OWNERS MAILING ADDRESS OR LESSOR/SPONSOR:

ATTN: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

Complete Name of the person requesting this form \_\_\_\_\_

Please provide your membership number \_\_\_\_\_

I AM REQUESTING:

1. PROOF OF INSURANCE ONLY \_\_\_YES \_\_\_NO

2. ADDITIONAL INSURANCE REQUESTED \_\_\_YES \_\_\_NO

(ABOVE LANDOWNER/FACILITY COULD SHARE OUR LIMITS OF  
INSURANCE IF A CLAIM SHOULD BE SUBMITTED/COVERED)

**PLEASE FAX THIS REQUEST TO USHJA**

**859.258.9033**

**Insurance questions can be directed to:**

**Equisure, Inc ATTN: PATTY SUMNER**

**3000 S JAMAICA COURT SUITE 210**

**AURORA, CO 80014**

**PHONE 800-752-2472**

**FOR USHJA USE ONLY**

**This form was sent to Equisure \_\_\_\_\_  
date**

CLINIC NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LIABILITY RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING.

YOU MAY NOT PARTICIPATE IN THIS CLINIC UNLESS YOU HAVE SIGNED THIS RELEASE.

I \_\_\_\_\_ understand that there are risks inherent in equine activities. These risks include, but are not limited to:

1. The propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity.
2. The unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, regardless of its training and past behavior.
3. Other hazards such as surface and subsurface objects
4. Collisions with other horses, animals, people and objects.

I understand that the handling, use and riding of a horse involves the risk of personal physical injury, including, but not limited to, lacerations, bruises, fractures, head injuries and death. With full knowledge and awareness of these and all other dangers inherent in and related to the sport of horseback riding and equine activities, I am knowingly participating in instruction and/or training in this clinic/symposium and voluntarily engage myself (or my minor child) and/or my horse in these activities and fully assume all risks involved.

I further agree that the United States Hunter Jumper Association, Inc. (USHJA) shall not be liable in any manner for any accident, injury, damage, loss or for any other occurrence that may happen to the undersigned or the undersigned's horse as a result of the undersigned's participation in this clinic. In consideration for my (or my minor child's) participation in this clinic, I agree to fully and forever release and hold harmless the United States Hunter Jumper Association, Inc. (USHJA) from any and all liability due to injuries, claims, damages, actions or losses, economic and non-economic, which may arise out of my (or my minor child's) or my horse's participation in this clinic/symposium.

In addition, I understand and agree that this clinic/symposium and my participation in it may be photographed, videotaped, audio taped or otherwise recorded and that the photographs, videotapes or other recordings are and remain the sole and exclusive property of USHJA. The images may be reproduced, preserved, distributed and used without limitation by USHJA for any purpose, including sale.

I HAVE READ AND UNDERSTAND THIS LIABILITY RELEASE AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Signature ( of Parent, if Participant is under the age of eighteen)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name of Parent (if Participant is under the age of eighteen)

\_\_\_\_\_  
Date



TM

# CLINICS IN A BOX

# TOP 10 SUGGESTIONS FOR A SUCCESSFUL CLINIC OR SEMINAR

## “WHAT MAKES A GOOD/GREAT CLINIC?”

By Diane Carney

**T**his is the question that was asked of me and the following remarks are from my experience as a participant, auditor, and organizer of many different styles of clinics and with many different personalities of instructors and participants. These are some suggestions that seem consistent no matter the size of the clinic or individuals involved.

### BE CONFIDENT

**1** Pick a style of clinic or seminar you are confident with. Draw on your own strengths and/or needs in education and build around those needs.

### PICKING YOUR INSTRUCTOR

**2** Find good communicators that have real experience and can get their message across. Riders and auditors will enjoy their time and dollars spent if they are well instructed and included from an articulate instructor.

### ORGANIZE

**3** Organize and clean up your facility or area for the clinic. Being orderly is respectful to your instructor and auditors, this helps promote positive attitudes for other activities you organize. If possible paint your jumps and ask your instructor what type of equipment they require and the amount of jumps they will need. For example 24 standards, 36 rails, 72 cups and variety of boxes, a liverpool (optional) and flowers. This amount of equipment is probably the maximum most would use, but this is also the formula I start with until I know differently.

Footing is important all day not, just at the beginning and end of each day. Remember to keep dust under control and dogs should be kept on a leash at all times.

### SCHEDULE

**4** My experience is that clinics are generally better when organized by ability not height. The organizer will use heights to sort out participant's ability, but usually putting people in a lower section before they get in too “deep” and are over faced is better for all concerned. My experience is that is better to be in a section too low rather than too high.

I usually organize 3 sections 1 ½ hours to 2 hours each if 7 to 8 are in each group, sometimes 4 sections a day depending on the levels. Be sure to be clear with your instructor as to what your ideas are and listen to their needs. Plan breaks depending on the instructor's rhythm. Keep to the schedule as best as possible, but follow the cues you get from your instructor. If they get creative and inspired at the end of a section be sure to not cut them off with pushing the next group before they are ready. Let them teach, time is important but the instructor is the lead. Some instructors ask to be reminded when they are 30 min. from the scheduled end and others manage their own time.

### PRICE

**5** Education of any kind is usually not free. Price your clinic as fairly as possible;

This is an example (by no means the rule);

### APPROXIMATE COST FOR A 2 DAY CLINIC:

- Stabling for 21 horse's if 7 ride in 3 groups, microphone rental, porto-john rental.
- EMT, water/coffee/Gatorade/snacks from before start to almost finish each day, instructor fees, advertising, a small profit for the effort.

\$ 4000 \$ 200 \$ 1000 + \$1500  <hr style="width: 20%; margin-left: 0;"/> \$1000 \$ 7700	instructor fee/total for 2 days food/hotel (if necessary) facility rentals, EMT, etc. stabling @ \$35 @ night/ 21 horses 2 nights profit (\$500 @day to organizer)  divided by 21 = \$ 370 to ride for 2 days w/stabling
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\$370 to ride and ? of that roughly to audit = \$90 to audit /\$45 @ day

All of these fees will change with different parts of the country, donations that assist with the production of the clinic, sponsors for hotel/food, etc...and individual instructors business needs. I organize many clinics where these

fees are too low and many where due to financial assistance from USHJA, Zones, and individuals that make the pricing lower. No one should forget that clinics are for education and business.

### **PARTICIPANTS AND ADVERTISING**

**6** Call or speak face to face with people you think will like to ride and/or audit the clinic. Keep your contacts in a file for good records and call again for this clinic and future events.

Advertise with tack shops, magazines and internet (the USHJA website is a great start for USHJA affiliated clinics, advertising is free). The ad, in my experience, works well when it is simple and clear. I follow the idea that less is more; list the instructor, venue, location, dates, and a phone number or e-mail and then answer the phone or e-mail contacts!

#### **One side note:**

Participants that appreciate the efforts of the organizer and instructors make for favorable learning environment for all in attendance. Education is not charity and sometimes not appreciated due to costs. All of us making the effort on behalf of education believe in passing on our riding traditions and adding to the safety, quality and enjoyment of today's horsemanship. This attitude at a clinic or seminar is considerate to all in attendance.

### **BE CONSISTENT**

**7** Clinics are fun, super for getting reinforcement on basic horsemanship (that we all know and need) and opportunities for new material. The environment needs to be consistent just like good horsemanship is consistent. Remember, clinics are also business. If a fee for auditing is charged be consistent with your policy (sponsorships excluded) a clinic is no time for favorites. Policies are in place for the good of all and it is appreciated if those auditing, riding and organizing the clinic follow them. Answer all questions with respect and manners.

### **FOLLOW UP/RE-CONTACT PARTICIPANTS**

**8** Collect your riding fees in advance of the day of the clinic, if possible. It makes for less confusion and people can concentrate on their horses. It also firms up your groups. People should remember the desire to participate should be followed with payment so others that are interested are not denied due to spots in sections being held without payment. Auditing I prefer to do day

by day. It is less bookkeeping and more accurate. As you are collecting the fees needed remind people of arrival times and times for the section.

### **GREET YOUR PARTICIPANTS**

**9** Be present, visible and on hand for arrival needs that may come up. Be on time (which to me means early) each day. People have needs and it is my experience the better they are managed the better the clinic. It is ok to say "no" if you really can't accommodate, but don't say "no" just because it is a little extra effort. Think ahead regarding equipment like a hole punch, extra whip & spurs at the ring, or extra technical support for seminars (i.e. batteries, etc.)

### **ENJOY**

**10** Enjoy the hard work and learn for the next clinic what to repeat or not, where to improve so each educational seminar/clinic offers a solid product, horsemanship.

**Please contact myself or Melanie Fransen at the USHJA office and we will assist you with your ideas and inform you of programs available to get your clinic off to a great start!**

*Diane Carney is a 1976 graduate of the University of Denver and a professional in the horse industry since 1980. Among her accomplishments riding and training she is an advocate for education in our sport participating, auditing, organizing and instructing clinics nationally. She has been the organizer of the annual George H. Morris clinic in Chicago since 1985, and has assisted the USHJA with our clinic program including organizing the USHJA 2004 Kentucky Spring clinic with Candace King, the 2005*

*USHJA / Zone 5 / Showplace Productions, Chicago clinic with Mike Henaghan (during Equifest 1 & 2 horse shows), the 2006 USHJA Canterbury Farm clinic with Don Stewart, Jr., and is Chairperson of the USHJA Special Projects Committee which coordinates and assists riding clinics and out-of-the-saddle seminars and discussions.*

## HOW USHJA CAN HELP YOU PRODUCE A CLINIC

**T**he USHJA is dedicated to inspiring individuals to achieve their maximum potential, upholding the welfare of the horse and promoting fairness in competition. We are committed to educating our members, representing the hunter and jumper disciplines and advancing the sport.

The goal of the USHJA Clinics Program is to educate all levels of equine participants through educational riding clinics, forums, seminars/workshops and teaching demonstrations. USHJA can provide you with a list of experienced clinicians, funding assistance to help with the expenses of your clinic and FREE promotion of your clinic through the USHJA website and newsletter.

Representatives from the USHJA Special Projects Committee are available to assist in the planning of your clinic. The committee is comprised of representatives from each zone. For their contact information, please visit [www.ushja.org](http://www.ushja.org).

The process to affiliate your clinic with USHJA is very easy, just complete the Clinic Application and insurance form and fax them to 859.258.9033. Once the paperwork is received, your clinic information will be posted on the USHJA Clinics Calendar.

For each clinic, USHJA will provide a banner and giveaways for your participants in appreciation of their attendance.

### TYPES OF CLINICS

When planning a clinic, we suggest doing a pre-survey to determine your target audience interest, needs and best time of year to hold a clinic

There are many different types of clinic formats that can be used to fit a variety of audiences. These formats include:

- Mounted clinics with an emphasis on equitation, jumpers, hunters or a combination of all three.
- Education on basic horsemanship and care.
- Basic horse care featuring a veterinarian and/or farrier.
- "What the judge is looking for in a hunter or equitation round."

### ORGANIZATIONAL CHART—TIMELINE OF TASKS

#### 9-12 months in advance

- Choose type and topic—clearly define purpose and target audience
- Check for other events (clinics or horse shows) in the surrounding area to help determine best date to hold clinic

- Choose facility if needed—verify all state, local, municipal requirements for permits
- Choose clinician—ensure clinician's personality fits your target audience
- Contact USHJA for assistance in facilitation; provide 3 possible choices for a clinician and 3 possible dates

#### 6-9 months in advance

- Examples of clinics—choose one and develop to fit your needs
- Determine needs for the following
  - materials
  - clinician to participant ratio
  - time allowed—number of days, number of sessions, length of each session
  - determine agenda for daily activities
  - necessary tools for setup, daily activities and clean up
  - format: involve clinician in interactive activities with participants
- Signed contract with clinician, host and facility
  - Stay in continuous contact with clinician

#### 3-6 months in advance

- Marketing and Promotion
  - brochure/advertising with release and waivers
  - mailing and printing of brochure, produce mailing lists
  - registration and confirmation of design—if using USHJA, get estimate on printing and mailing, sign agreement to confirm job and payment
  - directions and lodging
  - time schedule
  - vendors, food, restrooms
  - staff
  - insurance
  - sponsors
  - audio/visual
  - travel/lodging
  - EMT services

#### At the clinic—3 months

- implementing 3-6 month plan
- re-checking with vendors, site, clinician
- arrange for insurance, liability coverage
- send mailing materials (brochure)
- send confirmation to participants for receipt of registration
- organize post-clinic materials
- organize and develop clinic materials for distribution
- make arrangements to acknowledge people involved with clinic

#### After the Clinic

- produce a report to obtain performance feedback
- clean up facility

- send thank you notes to volunteers and clinician
- send copy of registration forms to USHJA

## RECOMMENDATIONS FOR OBTAINING NECESSARY CONTRACTS PRIOR TO IMPLEMENTATION

During the planning stages, as the clinic host, you want to make sure that you have signed contracts with your facility before you do any promotion of the event. Prior to the event, you will need to have liability insurance to cover you, the facility and the clinician in the event of an accident.

Due to the busy schedules of most clinicians, have a signed contract well in advance of the event and stay in touch with the clinician to ensure that his/her needs are met with travel arrangements and needs for conducting the clinic.

## EXAMPLES OF MARKETING

Marketing the clinic is a large component of the event. It is recommended that a flyer or brochure is produced and distributed to local tack shops, horse shows, barns and magazines in the months leading up to the clinic.

USHJA can provide sample registration forms with a liability waiver included. A sample brochure can be provided and formatted specifically for your event to include registration information, hotels, directions and a time schedule of events.

Once your clinic is recognized as an affiliated clinic, USHJA will place information about your event on the Clinics Calendar located at [www.ushja.org](http://www.ushja.org) and information will be printed in the "Clinics Corner" section of the USHJA Quarterly Newsletter.

## DETERMINE CLINIC DAY NEEDS

To ensure that all participants and auditors can be heard, it is recommended that a microphone is available for the clinician.

Before the clinic begins, it is important to work with the clinician to determine his/her needs for jumps, jump crew or any special requests.

A concession stand and adequate restrooms are also recommended.

## FINANCIAL PLANNING FOR THE CLINIC

Clinics are considered by the USHJA as affiliated educational services for which the USHJA will provide start up assistance with various aspects such as free advertising on our website, printed materials, mailings, etc. The USHJA approves financial assistance to clinic organizers for clearly documented expenses such as those listed above.

As policy, the USHJA requires that if the clinic organizer is charging a fee, that the organizer reimburses the USHJA for

its financial assistance so that USHJA may again provide the start up assistance to you and others organizing these events. This way, rather than depleting the funds available in the USHJA budget each year, we are able to continue to provide opportunities for assistance in organizing educational opportunities. In addition, the USHJA requests that those organizers holding USHJA Affiliated Clinics offer a reduced rate to USHJA members.

This process in no way prohibits you as an organizer from gaining financially from the clinic you have organized. It just provides for reimbursement to USHJA of start up funding it has provided to you.

If you are interested in applying for funding assistance, please submit a detailed budget for your clinic, outlining the expenses for which you would like assistance.

For further information, please contact the Melanie Fransen, Director of Sport Programs at [mfransen@ushja.org](mailto:mfransen@ushja.org) or 859.225.6960.

## CLINIC IN A BOX CHECK LIST

### Pre-Clinic Preparations

- Determine your target audience and their interests
- Analyze the upcoming events in your area to determine the best time and location to hold your clinic
- Choose the type of clinic (riding, judges, informational, legal, farrier, etc)
- Choose a clinician—ensure clinician's personality fits your target audience

### Marketing and Promotion of the Clinic

- Determine Marketing and Promotion needs: brochure, coordinate with USHJA for further assistance (i.e. website, newsletter)
- Send pre-clinic registration information
- Determine time schedule, number of participants you will accept in each group

### Necessary Contracts to sign for Clinic

- Signed contract with the clinician
- Contract with facility
- Insurance, liability coverage for event
- Volunteer/paid staff

### Determine Clinic Day Needs

- Arrange for a PA system
- Jumps/Jump Crew
- Concessions, restrooms

### After the Clinic

- Clean up facility
- Send copy of registration forms to USHJA



# SAMPLE FORMS

# 2009 USHJA CLINIC REGISTRATION



NAME: \_\_\_\_\_ USEF/USHJA #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## REGISTRATION FEES:

USHJA Members: \$ \_\_\_\_\_

Non-Members (Senior): \$ \_\_\_\_\_

Non-Members (Junior): \$ \_\_\_\_\_

Audit—1 Day: \$ \_\_\_\_\_

Audit—2 Days: \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

*\*\* Membership Dues must be paid with a separate check.*

WHICH SECTION WILL YOU BE RIDING IN? \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CLINICIAN: \_\_\_\_\_

# 2009 INDIVIDUAL MEMBERSHIP APPLICATION

## MEMBER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Day: (\_\_\_\_) \_\_\_\_\_

Phone Evening: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

USEF/USHJA # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

USEF Primary Designation (Circle One): **Hunter or Jumper**

If you are 18 years of age or older (Circle One):  
**Amateur or Professional**

### USHJA In Stride Magazine is a member benefit.

\$9.00 of your membership dues includes a one year subscription to USHJA Magazine.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT INFORMATION. DO NOT DETACH.

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

**PLEASE DO NOT SEND CASH** (Make Check Payable to: United States Hunter Jumper Association).

Check # \_\_\_\_\_  Visa  Master Card

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

Card Holder's Name (Print) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

## MEMBERSHIP CATEGORIES

### Active Member

In order to compete as a rider, trainer, owner, or his/her agent(s) at non-breed restricted USEF-licensed competitions in any Hunter, Hunter Breeding, Jumper or Hunter Seat Equitation classes, a person must be a member of the United States Hunter Jumper Association, Inc. or pay a nonmember fee to the United States Hunter Jumper Association, Inc. Exceptions: Local competitions and the exceptions in GR1401.9 and GR204.2i.

Senior Active Member	\$55	_____
Junior Active Member	\$45	_____
Life Member	\$1000	_____

### Associate Member

Those individuals not competing in USEF licensed competitions who receive all other benefits of USHJA membership for the year. Please note: Associate members are subject to USHJA non-member fees if competing in USEF licensed competitions.

Associate Senior Member	\$25	_____
Associate Junior Member	\$25	_____

### Outreach Member

Those individuals competing in classes that qualify for the Affiliate Equitation Awards Program and receive some of the other benefits offered by USHJA for the membership year. Please note: Outreach members are subject to USHJA non-member fees if competing in USEF licensed competitions.

Outreach Member	\$15	_____
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TOTAL AMOUNT \$ \_\_\_\_\_

**Privacy Statement:** You have the right to restrict the releasing of your personal information to others.

**Please check the boxes you do not wish to have released to other USHJA members:**

Name  Address  Telephone  Email

**Please check the boxes you do not wish to have released for promotion purposes:**

Name  Address  Telephone  Email

Category which best describes your participation (check one):

- Owner  Licensed Official  Rider  
 Manager  Trainer  Breeder  
 Secretary  Hunter Course Designer

### Mail Application and payment to:

USHJA, 4047 Iron Works Pkwy, Lexington, KY 40511  
 Tel: (859) 225-2055 Fax: (859) 258-9033

[www.ushja.org](http://www.ushja.org)

UNITED STATES



HUNTER JUMPER ASSOCIATION™

# 2009 AFFILIATED ASSOCIATION APPLICATION

State/Regional Associations must have the following characteristics to be eligible for affiliate membership in the USHJA: Affiliate members shall consist of any local, state, regional and national organizations, clubs, associations, corporations, and other groups that conduct equestrian competitions or other programs or events, educational institutions which offer equine related programs, and other organizations approved by the Board of Directors that have united together to form an association.

**Affiliated Association Annual Membership Fee: \$100**

## ASSOCIATION INFORMATION

Association Name: \_\_\_\_\_

Association USEF/USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

President: \_\_\_\_\_

President's USEF/USHJA # \_\_\_\_\_

Total Number of Members: \_\_\_\_\_

### USHJA In Stride Magazine is a member benefit.

\$9.00 of your membership dues includes a one year subscription to USHJA Magazine.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT INFORMATION. DO NOT DETACH.

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

**PLEASE DO NOT SEND CASH** (Make Check Payable to: United States Hunter Jumper Association).

Check # \_\_\_\_\_  Visa  Master Card

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_

Card Holder's Name (Print) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

## ASSOCIATION CONTACT PERSON INFORMATION

(All correspondence will be sent using the contact information provided below)

Contact's Name: \_\_\_\_\_

Contact's USEF/USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Privacy Statement:** You have the right to restrict the releasing of your personal information to others.

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## AWARD PARTICIPATION

Will your association be participating in the Affiliation Sportsmanship Awards Program? (Deadline is February 1st)  Yes  No

Will your association be participating in the Affiliate Equitation Awards Program? (Deadline is February 1st)  Yes  No

For more information about the USHJA Affiliate Sportsman Awards Program and/or the USHJA Equitation Awards Program, visit [www.ushja.org](http://www.ushja.org).

# USHJA FARM/STABLE RECORDING

## Farm/Stable Recording Information

Farm Name: \_\_\_\_\_

Farm USEF # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Owner of Farm: \_\_\_\_\_

Owner USEF/USHJA #: \_\_\_\_\_

## Farm/Stable Recording \_\_\_\_\_ \$100

One time fee - provided at least one owner is a current USHJA Senior Active or Life Member.

### Mail Application and payment to:

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Tel: (859) 225-2055 Fax: (859) 258-9033

[www.ushja.org](http://www.ushja.org)

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Name  Address  Telephone  Email

**Please check the boxes you do not wish to have released for promotion purposes:**

Name  Address  Telephone  Email

### PAYMENT INFORMATION. DO NOT DETACH.

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**PLEASE DO NOT SEND CASH** (Make Check Payable to: United States Hunter Jumper Association).

Check # \_\_\_\_\_  Visa  Master Card

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_

Card Holder's Name (Print) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_